EVERLASTING
POSITIVE CHANGE

# DR SHARAREH NAMJOO
## LICENSED MARRIAGE AND FAMILY THERAPY

Phone (562) 787-6137
everlastingpositivechange@gmail.com

## REGISTRATION FORM

_____ Marital status:
Patients Last Name First. Middle Intl. Single Married Divorced Separated Widowed

Is this your legal name? _____ _____ _____ Sex:
Yes/ No If not what is your legal name Date of Birth Age Male Female

_____ "Is it ok to leave personal and confidential message?"
Social security No. Cell Phone No Yes No

_____
Street address City State Zip Code

_____
Occupation Employer Employer's phone No.

Email Address: _____

## INSURANCE INFORMATION

PLEASE MAKE SURE THE OFFICE MANAGER HAS A COPY OF YOUR INSURANCE CARD

_____ _____ _____ _____
Person responsible for bill Date of Birth Relationship to patient Phone Number

_____ _____ _____
Insurance company ID Number Group Number

_____ _____ _____
Emergency contact Relationship to Patient Phone Number

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Dr. Sharareh Namjoo. I understand that I am financially responsible for my balance. I also authorize Dr. Sharareh Namjoo to release my required information to my insurance to process my claims.

_____ _____
Patient/Guardian Signature Date

DR SHARAREH NAMJOO, PsyD, LMFT

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# CONSENT FOR TREATMENT

**Financial Terms:**

Upon verification of health plan/insurance coverage and policy limit, we will bill your insurance carrier for you and your provider will be paid directly by the carrier. You (patient or guardian) will be responsible for any applicable deductibles, co-insurances, and co-payments. If you are not eligible at the time of services rendered, you are responsible for payment. Co-payments are required to be paid at the time of services rendered.

**Cancelled and Missed Appointments:**

Scheduled appointment means that the time is reserved for only you. If you miss or cancel an appointment with less than **24 hours' notice**, you will be charged **$100** per session. Fees are due before your next scheduled appointment. Frequent cancellations or no shows will result in termination of treatment. Your compliance in keeping appointments and active participation in the treatment process is vital. If you request other professional services such as reports/letters, or report writing for court or any legal proceedings, you will be charged **$75** per page.

**Emergencies:**

If you are in imminent danger, call 911, your nearest police department, or emergency room. Your providers policy regarding emotional crisis and their availability should be discussed during the first appointment.

**Confidentiality:**

All information you between and your Doctor/Therapist is held strictly confidential unless:

1. You authorize the release of information with your signature (parent or guardian).
2. You present physical danger to yourself.
3. You present physical danger to others.
4. Child or elder abuse is suspected. (In the latter two cases, we are required by law to inform potential victims and legal authorities so that preventative measures can be taken)

**Consent for Treatment:**

I authorize Dr. Sharareh Namjoo to carry out psychological assessments, treatments, and diagnostic procedures now and/or during the course of my care.

**Release of Information to Health Plans:**

I authorize the release of information for claims, case management, quality improvement, and other purposes related to the benefits of health plans.

**I have read, understand, and agree to all terms listed above:**

_____ _____

Patient Signature (Parent or Guardian) Date

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# HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcareoperations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (HealthInsurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information, but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we call, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

_____

_____

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature:_____ Date: _____

## Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

| | Not At All | Mildly but it didn't bother me much. | Moderately - it wasn't pleasant at times | Severely – it bothered me a lot |
|---|---|---|---|---|
| Numbness or tingling | 0 | 1 | 2 | 3 |
| Feeling hot | 0 | 1 | 2 | 3 |
| Wobbliness in legs | 0 | 1 | 2 | 3 |
| Unable to relax | 0 | 1 | 2 | 3 |
| Fear of worst happening | 0 | 1 | 2 | 3 |
| Dizzy or lightheaded | 0 | 1 | 2 | 3 |
| Heart pounding/racing | 0 | 1 | 2 | 3 |
| Unsteady | 0 | 1 | 2 | 3 |
| Terrified or afraid | 0 | 1 | 2 | 3 |
| Nervous | 0 | 1 | 2 | 3 |
| Feeling of choking | 0 | 1 | 2 | 3 |
| Hands trembling | 0 | 1 | 2 | 3 |
| Shaky / unsteady | 0 | 1 | 2 | 3 |
| Fear of losing control | 0 | 1 | 2 | 3 |
| Difficulty in breathing | 0 | 1 | 2 | 3 |
| Fear of dying | 0 | 1 | 2 | 3 |
| Scared | 0 | 1 | 2 | 3 |
| Indigestion | 0 | 1 | 2 | 3 |
| Faint / lightheaded | 0 | 1 | 2 | 3 |
| Face flushed | 0 | 1 | 2 | 3 |
| Hot/cold sweats | 0 | 1 | 2 | 3 |
| **Column Sum** | | | | |

***Scoring -*** Sum each column. Then sum the column totals to achieve a grand score. Write that score here _____ .

### Interpretation

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to "mask" the symptoms commonly associated with anxiety. Too little "anxiety" could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not "panic" time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a counselor if the feelings persist.

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# Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

Name:_____ Date:_____

| | | |
|---|---|---|
| 1. | 0 | I do not feel sad |
| | 1 | I feel sad |
| | 2 | I am sad all the time and I can't snap out of it |
| | 3 | I am so sad and unhappy that I can't stand it |
| 2. | 0 | I am not particularly discouraged about the future |
| | 1 | I feel discouraged about the future |
| | 2 | I feel I have nothing to look forward to |
| | 3 | I feel the future is hopeless and that things cannot improve |
| 3. | 0 | I do not feel like a failure |
| | 1 | I feel I have failed more than the average person |
| | 2 | As I look back on my life, all I can see is a lot of failures |
| | 3 | I feel I am a complete failure as a person |
| 4. | 0 | I get as much satisfaction out of things as I used to |
| | 1 | I don't enjoy things the way I used to |
| | 2 | I don't get real satisfaction out of anything anymore |
| | 3 | I am dissatisfied or bored with everything |
| 5. | 0 | I don't feel particularly guilty |
| | 1 | I feel guilty a good part of the time |
| | 2 | I feel quite guilty most of the time |
| | 3 | I feel guilty all of the time |
| 6. | 0 | I don't feel I am being punished |
| | 1 | I feel I may be punished |
| | 2 | I expect to be punished |
| | 3 | I feel I am being punished |
| 7. | 0 | I don't feel disappointed in myself |
| | 1 | I am disappointed in myself |
| | 2 | I am disgusted with myself |
| | 3 | I hate myself |
| 8. | 0 | I don't feel I am any worse than anybody else |
| | 1 | I am critical of myself for my weaknesses or mistakes |
| | 2 | I blame myself all the time for my faults |
| | 3 | I blame myself for everything bad that happens |

| | | |
|---|---|---|
| 9. | 0 | I don't have any thoughts of killing myself |
| | 1 | I have thoughts of killing myself, but I would not carry them out |
| | 2 | I would like to kill myself |
| | 3 | I would kill myself if I had the chance |
| 10. | 0 | I don't cry any more than usual |
| | 1 | I cry more now than I used to |
| | 2 | I cry all the time now |
| | 3 | I used to be able to cry, but now I can't cry even though I want to |
| 11. | 0 | I am no more irritated by things than I ever was |
| | 1 | I am slightly more irritated now than usual |
| | 2 | I am quite annoyed or irritated a good deal of the time |
| | 3 | I feel irritated all the time |
| 12. | 0 | I have not lost interest in other people |
| | 1 | I am less interested in other people than I used to be |
| | 2 | I have lost most of my interest in other people |
| | 3 | I have lost all of my interest in other people |
| 13. | 0 | I make decisions about as well as I ever could |
| | 1 | I put off making decisions more than I used to |
| | 2 | I have greater difficulty in making decisions more than I used to |
| | 3 | I can't make decisions at all anymore |
| 14. | 0 | I don't feel that I look any worse than I used to |
| | 1 | I am worried that I am looking old or unattractive |
| | 2 | I feel there are permanent changes in my appearance that make me look unattractive |
| | 3 | I believe that I look ugly |
| 15. | 0 | I can work about as well as before |
| | 1 | It takes an extra effort to get started at doing something |
| | 2 | I have to push myself very hard to do anything |
| | 3 | I can't do any work at all |
| 16. | 0 | I can sleep as well as usual |
| | 1 | I don't sleep as well as I used to |
| | 2 | I wake up 1-2 hours earlier than usual and find it hard to get back to sleep |
| | 3 | I wake up several hours earlier than I used to and cannot get back to sleep. |
| 17. | 0 | I don't get more tired than usual |
| | 1 | I get tired more easily than I used to |
| | 2 | I get tired from doing almost anything |
| | 3 | I am too tired to do anything |

| | | |
|---|---|---|
| 18. | 0 | My appetite is no worse than usual |
| | 1 | My appetite is not as good as it used to be |
| | 2 | My appetite is much worse now |
| | 3 | I have no appetite at all anymore |
| 19. | 0 | I haven't lost much weight, if any, lately |
| | 1 | I have lost more than five pounds |
| | 2 | I have lost more than ten pounds |
| | 3 | I have lost more than fifteen pounds |
| 20. | 0 | I am no more worried about my health than usual |
| | 1 | I am worried about physical problems like aches, pains, upset stomach, or constipation |
| | 2 | I am very worried about physical problems and it's hard to think of much else |
| | 3 | I am so worried about my physical problems that I cannot think of anything else |
| 21. | 0 | I have not noticed any recent change in my interest in sex |
| | 1 | I am less interested in sex than I used to be |
| | 2 | I have almost no interest in sex |
| | 3 | I have lost interest in sex completely |

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

| Total Score | Levels of Depression |
|---|---|
| 1-10 | These ups and downs are considered normal |
| 11-16 | Mild mood disturbance |
| 17-20 | Borderline clinical depression |
| 21-30 | Moderate depression |
| 31-40 | Severe depression |
| Over 40 | Extreme depression |